

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information

URN: 916 - 12557 - 1122 - 094		Date: 07/21/16	Time: 0039 hrs
Location: West Lancaster Blvd		City or Station: Lancaster	
Bureau/Station/Facility: NPD/Lancaster Station		Admin. Investigation: <input checked="" type="radio"/> YES <input type="radio"/> NO	
Type of Force: Resisted Handcuffing , Control Holds , Taser, Personal Weapons			
Incident Category: <input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3		Deputy Injury: <input type="radio"/> YES <input checked="" type="radio"/> NO Suspect Injury: <input checked="" type="radio"/> YES <input type="radio"/> NO	
<input checked="" type="checkbox"/> Call		<input type="checkbox"/> Observation	<input type="checkbox"/> Detail
<input type="checkbox"/> Foot Pursuit		<input type="checkbox"/> Vehicle Pursuit	
IAB Notified: <input checked="" type="radio"/> YES <input type="radio"/> NO		Person Notified: Lt. Roberta Granek Emp: [REDACTED] IAB Roll Out: <input checked="" type="radio"/> YES <input type="radio"/> NO	

Involved Employee

E 1	Employee #	Last Name	First Name		Middle I.	Rank
	[REDACTED]	Chipinka III	John		J	DSG
Sex: <input checked="" type="radio"/> M <input type="radio"/> F		Race: W	Height: 6' 02"	Weight: 225	Age: [REDACTED]	Shift: <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM
		<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty				
Unit of Assignment:			Work Assignment (Unit #, Module, etc.):			
Lancaster Station			112A			
Individual Force Used:			<input type="checkbox"/> Directed <input type="checkbox"/> Rescue <input type="checkbox"/> Medical Assist		Individual Category	
Control Holds/ Resisted Handcuffing					<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted			Facility:		Coroner Case #	

E 2	Employee #	Last Name	First Name		Middle I.	Rank
	[REDACTED]	[REDACTED]	[REDACTED]		[REDACTED]	DSG
Sex: <input checked="" type="radio"/> M <input type="radio"/> F		Race: W	Height: 5' 05"	Weight: 120	Age: [REDACTED]	Shift: <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM
		<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty				
Unit of Assignment:			Work Assignment (Unit #, Module, etc.):			
Lancaster Station			112			
Individual Force Used:			<input type="checkbox"/> Directed <input type="checkbox"/> Rescue <input type="checkbox"/> Medical Assist		Individual Category	
[REDACTED]					<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted			Facility:		Coroner Case #	

E 3	Employee #	Last Name	First Name		Middle I.	Rank
	[REDACTED]	Courtial	Michael		J	DSG
Sex: <input checked="" type="radio"/> M <input type="radio"/> F		Race: W	Height: 6' 02"	Weight: 280	Age: [REDACTED]	Shift: <input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM
		<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty				
Unit of Assignment:			Work Assignment (Unit #, Module, etc.):			
Lancaster Station			111			
Individual Force Used:			<input type="checkbox"/> Directed <input type="checkbox"/> Rescue <input type="checkbox"/> Medical Assist		Individual Category	
Control Holds / Resisted Handcuffing/ Personal Weapons					<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="radio"/> 3	
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted			Facility:		Coroner Case #	

On Duty Supervisor

☐ Additional Involved Employees

Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[REDACTED]	Molidor	James	D.	SGT	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Supervisor Completing Investigation						
Emp #	Last Name	First Name	Middle I.	Rank	Present	Witness to Incident
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	SGT	<input checked="" type="radio"/> YES <input type="radio"/> NO	<input checked="" type="radio"/> YES <input type="radio"/> NO
Watch Commander / Supervising Lieutenant						
Emp #	Last Name	First Name	Middle I.	Rank		
[REDACTED]	Granek	Roberta	C	Lt.		

Watch Commander / Supervising Lieutenant's Signature: _____

Date: **3/5/18**

Copy Provided to Employee by: _____

Emp #:

Unit Commander (Print Name)

Unit Commander's Signature: _____

Emp #:

Date

DISCOVERY Use Only
FO#

☐ PPI REVIEW COMPLETED

Original: Discovery Unit
Copy: Unit Commander

SH-R-436P (Rev. 01/13)

Supervisor's Report on Use of Force INVOLVED EMPLOYEE - Continuation

9 1 6 - 1 2 5 5 7 - 1 1 2 2 - 0 9 4

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Involved Employee																		
E4	Employee #	[REDACTED]			Last Name	[REDACTED]			First Name	[REDACTED]			Middle I.	[REDACTED]		Rank	DSG	
	Sex:	<input checked="" type="radio"/> M <input type="radio"/> F	Race:	W	Height:	6'02"	Weight:	285	Age:	[REDACTED]		Shift:	<input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input checked="" type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty				
	Unit of Assignment:									Work Assignment (Unit #, Module, etc.):								
	Lancaster Station									111A								
	Individual Force Used:												<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:												Coroner Case #						
E	Employee #				Last Name				First Name				Middle I.			Rank		
	Sex:	<input type="radio"/> M <input type="radio"/> F	Race:		Height:		Weight:		Age:			Shift:	<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty				
	Unit of Assignment:									Work Assignment (Unit #, Module, etc.):								
	Individual Force Used:												<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:												Coroner Case #					
E	Employee #				Last Name				First Name				Middle I.			Rank		
	Sex:	<input type="radio"/> M <input type="radio"/> F	Race:		Height:		Weight:		Age:			Shift:	<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty				
	Unit of Assignment:									Work Assignment (Unit #, Module, etc.):								
	Individual Force Used:												<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:												Coroner Case #					
E	Employee #				Last Name				First Name				Middle I.			Rank		
	Sex:	<input type="radio"/> M <input type="radio"/> F	Race:		Height:		Weight:		Age:			Shift:	<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty				
	Unit of Assignment:									Work Assignment (Unit #, Module, etc.):								
	Individual Force Used:												<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:												Coroner Case #					
E	Employee #				Last Name				First Name				Middle I.			Rank		
	Sex:	<input type="radio"/> M <input type="radio"/> F	Race:		Height:		Weight:		Age:			Shift:	<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM	<input type="radio"/> Regular Shift <input type="radio"/> OT Shift <input type="radio"/> Off Duty				
	Unit of Assignment:									Work Assignment (Unit #, Module, etc.):								
	Individual Force Used:												<input type="radio"/> Directed <input type="radio"/> Rescue <input type="radio"/> Medical Assist		Individual Category		<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted Facility:												Coroner Case #					

Supervisor's Report on Use of Force

SUSPECT INFORMATION

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S 1

Suspect Information									
Last Name		First Name		Middle Name		Armed? Select			
Nevarez		Conrad		Vargas		Not Armed			
AKA Last Name		First Name		Middle Name					
Sex:	Race:	Age:	Height:	Weight:	D.O.B:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C		
<input checked="" type="radio"/> Male <input type="radio"/> Female	H	50	5' 11"	250	09/11/67	NONE			
Street Address:				City:		State & Zip Code:			
Booking #:		Primary Charge Code:		Secondary Charge Code:		Criminal History			
4727811		664/10851(a)VC							
Treated on Scene? <input checked="" type="radio"/> YES <input type="radio"/> NO		Name:		Unit:		Phone #:			
Hospital Admission? <input checked="" type="checkbox"/> Rec'd Treatment At:		AVHMC		Coroner Case #:		Mental History <input type="checkbox"/>		User's guide provides direction on this entry	
By: Dr. Michael Gertz		Address: 1600 W. Avenue J Lancaster, CA 93534		Phone #: 661-949-5000					
Under Influence: <input checked="" type="radio"/> YES <input type="radio"/> NO		Substance: Alcohol		5150 a factor in force? <input type="radio"/> YES <input checked="" type="radio"/> NO		User's guide provides direction on this entry			
Date: 07/21/16		Time: 0945		<input type="checkbox"/> Audiotape: <input checked="" type="checkbox"/> Videotape: <input checked="" type="checkbox"/> Photos of Injuries: <input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS					

S

Suspect Information									
Last Name		First Name		Middle Name		Armed? Select			
AKA Last Name		First Name		Middle Name					
Sex:	Race:	Age:	Height:	D.O.B:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C		
<input type="radio"/> Male <input type="radio"/> Female									
Street Address:				City:		State & Zip Code:			
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History			
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:			
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At:				Coroner Case #:		Mental History <input type="checkbox"/>		User's guide provides direction on this entry	
By:		Address:		Phone #:					
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		User's guide provides direction on this entry			
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries: <input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS					

S

Suspect Information									
Last Name		First Name		Middle Name		Armed? Select			
AKA Last Name		First Name		Middle Name					
Sex:	Race:	Age:	Height:	D.O.B:	Weight:	Phone #1: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C	Phone #2: <input type="radio"/> H <input type="radio"/> W <input type="radio"/> C		
<input type="radio"/> Male <input type="radio"/> Female									
Street Address:				City:		State & Zip Code:			
Booking #:		Primary Charge Code:		Secondary Charge Code:		<input type="checkbox"/> Criminal History			
Treated on Scene? <input type="radio"/> YES <input type="radio"/> NO		By:		Unit:		Phone #:			
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At:				Coroner Case #:		Mental History <input type="checkbox"/>		User's guide provides direction on this entry	
By:		Address:		Phone #:					
Under Influence: <input type="radio"/> YES <input type="radio"/> NO		Substance:		5150 a factor in force? <input type="radio"/> YES <input type="radio"/> NO		User's guide provides direction on this entry			
Date:		Time:		<input type="checkbox"/> Audiotape: <input type="checkbox"/> Videotape: <input type="checkbox"/> Photos of Injuries: <input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS					

Supervisor's Report on Use of Force EMPLOYEE / NON-EMPLOYEE INFORMATION

9 1 6 - 1 2 5 5 7 - 1 1 2 2 - 0 9 4

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Employee Witnesses					
Emp. #	Last Name	First Name	Middle Name		
	Guardado	Andres	N.M.N.		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
Lancaster Station		112B		<input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
	Grajales	Marco	A.		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
Lancaster Station		113		<input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
	Regalado	Freddy	N.M.N.		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
Lancaster Station		113		<input type="radio"/> EM <input type="radio"/> Day <input checked="" type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Non-Employee Witnesses					
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2

Supervisor's Report on Use of Force

EMPLOYEE / NON-EMPLOYEE INFORMATION - Continuation

9 1 6 - 1 2 5 5 7 - 1 1 2 2 - 0 9 4

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Employee Witnesses					
Emp. #	Last Name	First Name	Middle Name		
	Molidor	James	D.		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
Lancaster Station		110S		<input checked="" type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input checked="" type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
				<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Emp. #	Last Name	First Name	Middle Name		
Unit of Assignment:		Work Assignment (Unit #, Module, etc.):		Shift:	
				<input type="radio"/> EM <input type="radio"/> Day <input type="radio"/> PM <input type="radio"/> Regular <input type="radio"/> OT <input type="radio"/> Off Duty	
Non-Employee Witnesses					
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2
Last Name		First Name		Middle Name	Age D.O.B.
Street Address		City	Zip Code	Phone #1	Phone #2

Supervisor's Report on Use of Force

916-12557-1122-094

Method

(AW) Arwen	(FH) Firearm (Handgun)	(PO) Personal Weapon (Other)
(BC) Baton: (Control)	(FR) Firearm (Rifle)	(RS) Resistance
(BI) Baton: (Impact)	(FS) Firearm (Shotgun)	(CN) Restraint Device (Capture Net)
(BF) Bodily Fluids	(FO) Firearm (Other)	(RH) Restraint Device (Handcuffs)
(CN) Canine	(FB) Flashbang	(HB) Restraint Device: Hobble (Legs Only)
(CR) Carotid Restraint	(FL) Flashlight	(TP) Restraint Device: Hobble (TARP)
(CH) Choke Hold	(OE) Other Weapon: Edged	(RE) Restraint Device: REACT Belt
(CT) Control Holds: (Control Techniques)	(OV) Other Weapon: Vehicle	(SP) Sap
(TT) Control Holds: (Team Takedown)	(OB) Other Weapon: Blunt Object	(SH) Shield
(TD) Control Holds: (Takedown)	(OO) Other Weapon: Other	(SG) 37mm Stinger
(CE) Chemical	(PK) Personal Weapon: Feet/Leg: (Kick)	(SB) Sting Ball
(OC) Chemical Agents (OC Spray)	(PS) Personal Weapon: Feet/Leg: (Sweep)	(ST) Stun Bag
(TG) Chemical Agents (Tear Gas)	(PH) Personal Weapon (Hand/Arm)	(TR) Taser
(EX) Explosives	(PP) Personal Weapon (Push)	(UC) Uncooperative

Type of Injury

(AB) Abrasion	(DB) Dog Bite	(PA) Paralysis
(BR) Bruise	(FR) Fractures	(PW) Puncture Wound
(BU) Burn	(GS) Gunshot	(SD) Soft Tissue Damage
(CP) Complaint of Pain	(HB) Human Bite	(ST) Sprain/Twists
(CO) Concussion	(LC) Lacerations	(UN) Unconscious
(DH) Death	(ND) Nerve Damage	(RM) Refused Med Treatment
(DI) Dislocation	(OD) Organ Damage	(NN) NONE

Body Part Injured

(AD) Abdomen	(FA) Face	(HI) Hip
(AK) Ankle	(FE) Feet	(IN) Internal
(AR) Arm	(FI) Fingers	(KN) Knees
(BK) Back	(GE) Genitals	(LE) Leg
(BT) Buttocks	(GR) Groin	(NK) Neck
(CH) Chest	(HD) Hands	(NO) Nose
(EL) Elbow	(HE) Head	(SH) Shoulder
		(WR) Wrist

FORCE USED BY		FORCE USED AGAINST		Method (Code)	Type of Injury (Code)	Body Part (Code)
Name	E# or S#	Name	E# or S#			
Nevarez	S1	Chipinka	E1	UC	NN	
				RS	NN	
Nevarez	S1		E2	UC	NN	
				RS	NN	
Nevarez	S1	Courtial	E3	UC	NN	
				RS	NN	
Nevarez			E4	UC	NN	
				RS	NN	
Chipinka	E1	Nevarez	S1	CT	NN	AR
				RH	NN	
	E2	Nevarez	S1	TR	PW	AD
				CT	NN	BK
Courtial	E3	Nevarez	S1	CT	FR	AR
				PH	NN	BK
				PH	NN	SH
				PH	SD	HE
				RH	NN	
	E4	Nevarez	S1	CT	NN	LE